

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Solis for Congress**A.**Full Name (Last, First, Middle Initial)  
Latina Sol Pac

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Political ContributionCandidate Name  
Latina Sol Pac011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: District:

Transaction ID: 21-3928

Date of Disbursement

10 / 07 / 2008

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**Full Name (Last, First, Middle Initial)  
Kay for Congress

Mailing Address P.O. Box 14194

City Parkville State MO Zip Code 64152

Purpose of Disbursement  
Political ContributionCandidate Name  
Kay Barnes011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: MO District: 06

Transaction ID: 21-3869

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**Full Name (Last, First, Middle Initial)  
Gerry Connolly for Congress

Mailing Address 3706 Prado Pl.

City Fairfax State VA Zip Code 22031

Purpose of Disbursement  
Political ContributionCandidate Name  
Gerry Connolly011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
State: VA District: 11

Transaction ID: 21-3873

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....